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AUTHOR Olesinski, Raymond L.
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ABSTRACT

This study investigated the constraints students in an alternative education program encountered when attempting to implement their individualized curricula in the Independent Study Program (ISP) at the University of Illinois. The study used in-depth interviews with an informant sample of 10 ISP students to gather data about curriculum construction during the third and fourth years of undergraduate medical education. The ISP program within the College of Medicine at Chicago at UI allows undergraduate students to design their own curricula in two phases, pre-program (application and research project proposal subject to ISP approval) and implementation. The research found that students encountered little resistance during the pre-program phase and many constraints during implementation. The study concluded that curriculum construction and individualized program implementation in an institutional context is constrained by many factors. The requirements of the relatively inflexible, coexisting traditional curriculum, an implied lack of universal knowledge about the ISP and options available to its students, and the course access policies of instructional sites were constraining factors. While students were theoretically free to construct their curricula as they wanted they still had to operate in the practical and logistical constraints of institutional policies. A serious obstacle was also the resistance offered by course personnel to some forms of curricular individualization. (JB)

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Constraints to Student Curriculum Individualization in an Alternative Education Program

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Raymond L. Olesinski
University of Kentucky Center for Rural Health
100 Airport Gardens Road Suite 10
Hazard, Kentucky 41701
(606) 439-3557
ROLES00@UKCC.uky.edu

American Education Research Association
New Orleans, Louisiana
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This paper describes the constraints students of an alternative education program encountered while attempting to implement individualized curricula. The Independent Study Program (ISP) of the College of Medicine at Chicago/University of Illinois allows students considerable latitude to develop individualized curricula. Previous research has shown these curricula to deviate considerably from that of a coexisting traditional curriculum (Olesinski, Coulson & Nelson, 1991). The discussion below is derived from further investigation of a group of ISP students undertaken to explicate their curriculum construction. It focuses on factors that served to constrain the realization of their curriculum plans.

Methods

In-depth interviews with an informant sample of ISP students were conducted to gather data about curriculum construction during the third and fourth years of undergraduate medical education. Ten of the 19 senior students of the 1991 and 1992 graduating classes who participated in the ISP were interviewed. Interview transcripts were coded and analyzed using previously explained methodology (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Although the interviews served as the major sources of data, data were also collected from other sources to supplement the interviews. Data on ISP and traditional curriculum student academic achievement and other characteristics were supplied by the Dean's Office of the College of Medicine at Chicago. That office also provided a listing of the courses completed by each ISP student, their starting and ending dates, and instructional sites. The latter proved useful for a number of reasons by helping to improve the students' recall of details about the selection and organization of their learning experiences, by indicating prior to the interviews interesting course selections, patterns of organization or deviations from the traditional curriculum and by corroborating the interview data. In addition, the ISP students volunteered copies of documents, including their initial curriculum plans and other materials related to the ISP application process. Other initial curriculum plans were obtained through the Dean's Office and used with the permission of the students.

Results

The informant sample consisted of five male and five female students. Six of the students completed or planned on completing their undergraduate medical education in four years while the remainder extended their

education an extra one to two years. At the time of the interviews 6 students had completed all course work, but had not yet graduated. The medical education of the remaining four students was still in progress. The mean undergraduate grade point average (on a five point scale) for the informant group was 4.49 (range=3.64-4.97) while the mean Medical College Admissions Test score was 10.60 (range=8.33-12.83).

The curriculum development process for the ISP students can be temporally separated into two phases: pre-program and implementation. The pre-program phase included application to the ISP which involved developing an intended curriculum plan and a proposal for a research project, and subjecting both to ISP approval. With few exceptions students encountered no real problems in the pre-program phase, but significant constraints were encountered during the implementation phase. The policies of the ISP allow students to construct individualized curricula free of almost all of the restrictions placed on their counterparts in the traditional curriculum. The only stated curriculum requirement of the ISP in the third and fourth years of study is the completion of a major course in internal medicine. Certain factors within the institutional milieu, however, tended to constrain, or limit, the theoretical curricular freedom of the ISP students.

Implementation began by attempting to gain access to intended courses at preferred times and instructional sites. For traditional curriculum students access to required third-year courses was accomplished by means of a lottery. Students might not always have gotten the scheduling options or instructional sites that they desired, but they were guaranteed a place in the courses. ISP students, however, did not participate in the lottery system, were not automatically guaranteed slots in courses and were responsible for gaining access to courses by direct negotiation with course personnel. Although ostensibly being able to select any course, anywhere, at any time, access to courses or instructional sites proved in actuality to be limited for the ISP students. Institutional factors that constrained access were the limited availability of openings, or slots, for courses and resistance by course personnel to students' intended curricula.

Slotting

Available slots were limited both quantitatively and qualitatively. Quantitatively some of the instructional sites set a limit for the number of students that they would accept for particular courses. This was a rigid constraint about which not much could be done except to seek alternatives. Students had a realization

that the limited availability of slots was a constraint to implementing their curriculum. One commented

> I knew what I wanted to do, but what exactly I would do depended upon whether or not it was available. There weren't always spots available for ICU [intensive care unit]. There weren't always spots available for trauma. I knew I wanted to do trauma. I did set that up a year in advance, but ICU I signed up for a month in advance, the last spot closing out for the next year. I just squeezed in that spot.

Qualitatively, students felt that slots were limited because of a perceived preference by instructional sites for traditional curriculum students and a bias against students wanting to complete deferred third-year courses in their fourth year. Students also perceived that instructional sites of other medical schools gave preference to their own students, limiting the possibilities of ISP students to experiences outside of the College of Medicine at Chicago system. The following comments reflect this perception

> ...I wanted to do peds [pediatrics] at _____...but they were very sticky about accepting students from outside of _____ [the medical school with which the instructional site was affiliated], so I just didn't get that

> Well first of all its _____'s [medical school affiliate's] hospital, so their slots are used for _____'s [medical school] students.

Slot availability problems could be minimized, however, by making arrangements well in advance of the start of the course (see quote above). It was not unusual to hear students talk about scheduling courses as much as a year in advance—the more popular the course was among the students in general, the earlier the attempt to schedule it. In some cases students were also able to overcome qualitative limitations by explainingthe ISP and its allowable options to course personnel.

> ...I knew I wanted to do surgery at _____, however surgery at _____ was almost filled. I didn't go through the lottery system so I had a lot of talking to do to get myself into surgery and luckily I did.

Resistance to Individualization

A more difficult constraint to course access proved to be the resistance of some course personnel to the curricular intentions of students. This occurred most frequently when students attempted to shorten the duration of major third-year courses ordinarily required of traditional curriculum students. There were at least eight reported instances where students encountered resistance to shortened course durations. The degree of resistance was variable. Students who encountered rigid resistance usually opted to resolve their dilemma by agreeing to the regular duration, or by selecting alternative, more amenable instructional sites.

> She said, "Six weeks [for psychiatry] would be possible; four is absolutely out of the question."

This is another student's recollection of what happened when he tried to implement his curriculum plan at one instructional site:

> ...When I tried to set up an ob/gyne [obstetrics/gynecology] clerkship...at _____ I believe I encountered such resistance and rigidity from the program director. It was amazing. Essentially her words were either you do it my way or you don't do it at all. And I said I'll do it my way and I'll do it somewhere else and that covers that.

He eventually completed a six week rotation in obstetrics/gynecology at a hospital outside of the University of Illinois system.

Shortening the psychiatry course also proved to be a difficult thing to do either within or outside of the system. One student commented

> Nobody in psych wanted you to do a shortened rotation. I wanted to do six weeks and nobody would let me do that...I talked to everybody in our system. I talked with everyone outside our system. Any hospital that had a psych rotation...I called. They were adamant about you had to do it for eight full weeks. _____ was the only one...who said she'd consider shortening it, but she really didn't think it was a good idea, so I didn't set it up with her. I didn't set up psych at all until I could figure out what I wanted to do and how I could rearrange things.

Her curriculum plan indicated a desire to complete a four week psychiatry course instead of the usual eight week course. Even though she amended her intentions to six weeks, she was forced to complete a psychiatry clerkship at a clinical site within the College system for the full eight weeks.

It is uncertain from the interview data exactly why course personnel were resistant to students efforts to shorten courses. One possibility alluded to is that faculty may have felt that shortening the durations would have resulted in a less than satisfactory learning experience.

> She [psychiatry department head] doesn't say we can't do it, but she does say we can't learn enough in four weeks.

Another potential reason is that the faculty or course administrators were not familiar with the ISP itself or the options available to its students. A number of students reported instances of this.

> I called up to the woman who is in charge of the anesthesia over there and I said, "I'm a fourth year student, but I only want to do it for two weeks." And she said, "Well, that's not allowed." But I said, "But I don't need it to count as part of my required subspecialties."
>
> They weren't very happy to have someone who was different although they didn't necessarily

know what the program meant.

> So I tried _____ [instructional site], I called them up and they say, "Well, we don't know about ISP. We've never had one of you people here before."

Students also felt that ISP students in prior classes had garnered a reputation for slacking-off in courses and thought faculty saw their attempts to decrease overall course time as another example of this.

Discussion

This research supports the conclusions of earlier works that indicate curriculum construction undertaken by students in an institutional context is not an unconstrained endeavor (Bauer, 1985; Brookfield, 1985, p. 2, 1986, p. 85) and that curriculum is framed by a variety of institutional factors which may be beyond the control of those who have responsibility for shaping curricula (Lundgren, 1981). Given that the institutional milieu for traditional curriculum students at the College of Medicine at Chicago was not conducive to extensive curricular individualization it is not surprising that the ISP students encountered difficulties when they attempted to implement their intended curricula. The requirements of a relatively inflexible, coexisting traditional curriculum, an implied lack of universal knowledge about the ISP and options available to its students, and the course access policies of instructional sites are factors likely to foster constraints.

While the students were theoretically free to construct their curricula any way they wanted they still had to operate within the practical and logistical constraints of institutional policies. Strategically, arranging access to popular courses well in advance enabled ISP students to overcome some of the limitations to course access. A more serious obstacle was the resistance shown by course personnel to some forms of curricular individualization. Lack of knowledge of the options available to students in the alternative program may have led some course personnel to believe that students were attempting do something that was not allowable. Another possibility is that course personnel foresaw logistical problems due to students shortening durations of courses or starting courses off schedule from their traditional curriculum students. This might have led to a perception that the distribution of clinical workload would be compromised with less than a full complement of students available for the entire course. Another possibility was that course personnel felt that the alterations that students intended were not consistent with what faculty and administrators felt were acceptable educational experiences. It would be instructive to compare the student perceptions presented here with those of course

personnel.

The results of this study describe the constraints to curriculum individualization that existed in an alternative education program which theoretically allowed students almost unlimited curricular freedom. It suggests that appropriate publicity of program policies to participating sites and key personnel may prevent curricular individualization from being unnecessarily constrained by problems related to course access. However, differences in opinion between students and course personnel about what constitutes an effective learning experience may be the most difficult constraint to curricular individualization and one which warrants the special attention of educators responsible for alternative programs.

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